

November 2006

Provider Bulletin Number 690a

Hospital Providers

Rehabilitation Therapy

Effective with dates of service on and after December 1, 2006, providers of rehabilitative therapy will be able to submit claims with a combination of the following rehabilitation therapy procedure codes and a diagnosis code in the range of V57.0-V57.9 as the primary diagnosis. Providers are required to submit a secondary diagnosis code to describe the origin of the impairment for which rehabilitative therapy is needed when one of these V-codes is billed as a primary diagnosis.

97001	97003	97010	97012	97014
97016	97018	97022	97024	97026
97028	97032	97033	97034	97035
97036	97110	97112	97113	97116
97124	97140	97150	97530	97535
97750				

Information about the Kansas Medical Assistance Program as well as provider manuals and other publications are on the KMAP Web site at <https://www.kmap-state-ks.us>. For the changes resulting from this provider bulletin, please view the *Hospital Provider Manual* pages 8-24 through 8-25.

If you have any questions, please contact the KMAP Customer Service Center at 1-800-933-6593 (in-state providers) or (785) 274-5990 between 7:30 a.m. and 5:30 p.m., Monday through Friday.

8400. Updated 11/06

Rehabilitative - All therapies **must** be physically rehabilitative. Therapies are covered only when rehabilitative in nature and provided following physical debilitation due to an acute physical trauma or physical illness and prescribed by the attending physician.

Therapy services are limited to 6 months for non-KAN Be Healthy participants (except the provision of therapy under HCBS), per injury, to begin at the discretion of the provider. There is no limitation for KAN Be Healthy participants.

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Transplants:

Liver transplants for Medicaid beneficiaries will only be reimbursed at the University of Kansas Medical Center or at a hospital recommended by their staff.

Heart, lung, and heart/lung transplants performed in approved in-state or border city hospitals are covered for **KAN Be Healthy participants only**.

Heart transplants will be allowed at St. Luke's Hospital in Kansas City, Missouri or Via Christi (St. Francis Campus) in Wichita, Kansas, or at a hospital recommended by either of these facilities.

Bone marrow, cornea, kidney, and pancreas transplants performed in approved in-state or border city hospitals are covered and do not require prior authorization.

Pancreas transplants are only covered when performed simultaneously with or following a kidney transplant.

Tuberculosis:

Inpatient services related to a tuberculosis diagnosis, including physician and laboratory services, are covered for beneficiaries with the TB benefit plan.

Inpatient hospitalization, including physicians' services for diagnostic evaluation of beneficiaries highly suspected of tuberculosis, is covered for completion of the diagnosis.

8400. Updated 11/06

Tuberculosis continued:

Acute problems, which are present on admission or arise during hospitalization, are covered services. Hospitalization for monitoring toxicity of anti-tuberculosis drugs is covered.

Inpatient claims may be billed directly to KMAP.

Coverage and payment of inpatient or outpatient services are subject to compliance with infectious disease reporting requirements as directed by K.A.R. 28-1-2.

Coverage and payment of outpatient services are coordinated between Kansas Department of Health and Environment (KDHE) and KMAP in accordance with the current interagency agreement. Contact KDHE at (785) 296-0739 for determination of coverage.

Anti-tuberculosis drugs to treat the beneficiary and family members are provided at no cost by KDHE. Contact your local health department or KDHE at (785) 296-2547.

Vagal Nerve Stimulators:

Vagal nerve stimulators (VNS) are covered for beneficiaries with epileptic disorders. With the exception of procedure codes 95970 and 95974, all services must be prior authorized.

VNS services must meet the following conditions:

- The beneficiary must have an epileptic disorder. VNS will not be covered for individuals with previous epileptic brain surgery or individuals with progressive disorders.
- Mental retardation with epilepsy is not a contraindication for VNS but must be considered with other factors.
- The beneficiary must be over the age of 12, with documentation showing that the VNS will improve quality of life.
- All other courses of treatment must be documented, such as conventional and anticonvulsant drugs.

Refer to Appendix II for a list of covered codes.